

PHYSICIAN'S ORDER SHEET

START

① forearm

TAO apply to T1D x 10d
 Hydrocortisone 1% cream Apply
 to ① forearm BID x 5d.

Ex: RE: (+)PPD

to be done Fri 11/26/04.

2-4° chart 11.24.04 PR

NAME: [REDACTED]
 ALLERGIES: [REDACTED]

START NEW ORDERS BELOW

START

12/4/04
 listed
 Kaplan

11/24/04 Starting today

✓ ↑ Risperdal to 1.5mg po bid x ③ days
 ✓ then Risperdal 2mg po bid x ③ days
 ✓ then Risperdal 2mg qam / x ④
 3mg qpm

✓ Haldol 5mg / Cogentin 1mg po 1im q6h prn
~~Review~~: agitation & danger to
 self/others or
 uncontrolled, disorganized beh. x ④ days

START NEW ORDERS BELOW

START

12/10/04

✓ Risperdal to 3mg po bid x (0)wk
 then Risperdal 3mg qam / x (0)wk
 4mg qpm

then Risperdal 4mg po bid x (90)

~~Review~~

12-16-04; 12-8a (Chart-9) McKenna

ID: [REDACTED]
 DOB: [REDACTED]

PHYSICIAN'S ORDER SHEET

WRITE OR IMPRINT
INFORMATION BELOW

START

1. CXR RE: (D)PPD.

2. Cepacol lozenges T Q4^o PR
X 3 days

NAME

NICKNAME

ID

START NEW ORDERS BELOW

START

11-17-04

Report

Risperdal 0.5mg po bid x (3) days
then Risperdal 1mg po bid x (1) wk
then Risperdal 1.5mg po bid x (1) wk
then Risperdal 2mg po bid x (90)

Risperdal

START NEW ORDERS BELOW

START

11-21-04 0730

Give Haldol 10mg, Cogentin 2mg, Ativan
2mg PRN or Tm STAT

Given

0745

22

NOTES

11-21-04

MR LPN

TTO Dr Burns Maria Lamm MD

PHYSICIAN'S ORDER SHEETWRITE OR IMPRINT
INFORMATION

START

11/11/04 CTM T + 2 Tab 98mg prn
Congestor x 18 tabs.

Nurse protocol / CD

11/12/04

Wolff CDT 1202

NAME
ALLERGIES

W E B / A

START NEW ORDERS BELOW

START

11-10-04

✓ Start
 Risperdal 1mg po bid x (3) days
 Then Risperdal 1mg qam, 1mg qpm x (3) days
 Then Risperdal 2mg bid x (9) days

Pancreas

ID: [REDACTED] DOB: [REDACTED]

START NEW ORDERS BELOW

START

11-14-04

Metformin
 500mg
 11-14-04
 1745
 Cepacal 4 throat lozenges + lozenges
 Q 4h prn not to exceed 12 lozenges
 per nurse protocol / M. Hollingshead

2nd chart 11-15-04

M. Hollingshead

11/14/04

PHYSICIAN'S ORDER SHEET

START

phospho soda fleet x 1 dose

1.5 fl oz

Fleet Bisacodyl tabs 5mg
x 1 dose

10-20 125 700 10-20 125 700

START NEW ORDERS BELOW

START

Vit A + D to face BID x 5d.

Notes
10-20
125
700

10-20 125 700 10-20 125 700

START NEW ORDERS BELOW

START

CXR re: + PPD
(form filled)Notes
10-20
125
700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

10-20 125 700 10-20 125 700

NAME _____

ALLERGIES _____

ID _____

DOB _____

PHYSICIAN'S ORDER SHEET

START

10-10-04

1. Admit to Infirmary. Level II
per J. McEntee.
- Stolwenda Ra

~~not adopted
by the Board
10-10-03~~

ALLERGIES

START NEW ORDERS BELOW

START

~~Quan 80mcg Bid PRN~~
~~Albuterol MDI 2puffs QID PRN 9ad.~~

10/11/04

1000

0.00

START NEW ORDERS BELOW

START

Haldol 10mg IM x 1 dose

folgantin 1 mg IM x 1 dose

Ativan 1 mg IM x 1 dose.

TO DR. ALFRED BROWN

May 01 2020



Infirmary Admission Provider Order Sheet

Date: 10/11/04 Facility: DCC Time: _____

Inmate Name: _____ Inmate Number: _____

Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis:

1. SI

2. Asthma

3.

3. Allergies:

1. NKDA

2.

3.

4. Diet (circle): NPO Liquid Diet Regular Other: _____

5. IV Fluids as follows: _____ every other day daily

6. Vital signs: q 2 hrs q 4 hrs q 8 hrs

every other day
daily

7. Neuro checks: q 2 hrs q 4 hrs q 8 hrs

8. Medications:

1.

See

2.

MAP

3.

4.

5.

9. Parameters:

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse Ox is less than 92% _____

10. Treatments:

O2 at _____

Dressing changes: _____

Nebulizer treatment: _____

Other: _____

Provider Signature & Stamp: JS

Infirmary Admission Provider Order Sheet

Date: 10-10-04 Facility: DCC Time: 0010

Resident Name: _____ **Resident Number:** _____

Allergies: NKA

1. Admit to: Medical infirmary

2. Diagnosis:

S/T

3. Allergies: NKA

4. Diet (circle): NPO Liquid Diet Regular Other

5. Fluids as follows *W/H*

6. Vital signs: q 2 hrs q 4 hrs q 8 hrs

7. Neuro checks: q 2 hrs q 4 hrs q 8 hrs

8. Medications
1. Continue Ovar & Albuterol
2. as previous orders
3. _____

9. Parameters:

Please call the physician/provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse O₂ is less than 92%.

10. ~~Notatmeats:~~

92 at

Dressing changes:

Nebulizer treatment

Others

Provider Signature & Stamp:

PHYSICIAN'S ORDER SHEET**START**

Qvar 80mcg 2puffs BID PRN
 Albuterol MDI 2puffs QM PRN

NAME: [REDACTED]
 ALLERGIES: [REDACTED]

START NEW ORDERS BELOW**START**

Discharge psychiatric observation
 Level II to housing unit
 I/m Contracted for safety
 Disports of ST + II

melissa [REDACTED]

10/8/04 1700 Admit Am- [REDACTED]
 24-hour RN @ 0300

START NEW ORDERS BELOW**START**

PHYSICIAN'S SIGNATURE: [REDACTED]

PHYSICIAN'S O

PHYSICIAN'S ORDER SHEET

START

9/28/04

2345

1/28/04
Mr. Ted
M. C. Lotie
Admit to infirmary
suicide watch.
- No visitors from 10am-10pm
- Zelar, Mokola, RN -

NAME

ALLERGIES

D

START NEW ORDERS BELOW

START

Note to you
D/C from Infirmary from
medical staff rpt.

Transfer orders:

OVAZ 80mcg 2puffs BID PRN
Bisutendil 100mcg 2puffs QID PRN
240 Jext 1
green 10/2004
10/25/04

30 days.

START NEW ORDERS BELOW

START

10/8/04 613.5

Admitt to Infirmary - S/I - Danger
to self - Level II & NO Mattress
monitor

Refuse to Mental Health in AM
PD Dr. Alie / Academ

10/8/04
10/13/04

D

DOB

Infirmary Admission Provider Order SheetDate: 10-8-04 Facility: DCC Time: 0322

Inmate Name: _____ Inmate Number: _____

Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis:

1. SI2. Asthma

3.

3. Allergies:

1. NKDA

2.

3.

4. Diet (circle): NPO Liquid Diet Regular Other: _____

5. IV Fluids as follows: _____

6. Vital signs: q 2 hrs q 4 hrs q 8 hrs Daily7. Neuro checks: q 2 hrs q 4 hrs q 8 hrs

8. Medications:

1.

2. see orders

3.

4.

5.

9. Parameters:

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse CO₂ is less than 92% _____

10. Treatments:

O2 at _____ Dressing changes: _____

Nebulizer treatment: _____ Other: _____

Provider Signature & Stamp: [Signature]

PHYSICIAN'S ORDER SHEET

START

150's

10/14/04

DIC from all

Med

Open Psych Observations

1515

NAME

ALLERGIES

NKA

START NEW ORDERS BELOW

START

START NEW ORDERS BELOW

START

ID

DOB

PHYSICIAN'S ORDER SHEETWRITE OR IMPRINT
INFORMATION BELOW

START

9-24-04 — 09 PM.

Admitt To Infirmary

Level II — No Mattress

Medical & MT To evaluate Monday

PO Or AsmBno (acide LPN)

W/Asm &
W/Asm &
W/Asm &
W/Asm

NAME

ALLERGIES

NRD

START NEW ORDERS BELOW

START 9/24/04

1330

D/C ALL & OBSERVATIONS

DISCHARGE FROM INFIRMARY

Robert Alvario, RN, MSW

ID

DOB

START NEW ORDERS BELOW

START

✓ D/C from Infirmary from
medical

Continue:

✓ QVAR Inhaler 2 puffs BID PRN

✓ Albuterol MDI 2 puffs QID PRN

When JIM gets over to SHU

1/28/04
Toled
C. K. 10/10



Infirmary Admission Provider Order Sheet

Date: 9-24-04 Facility: BCC Time: 2200

Inmate Name: [REDACTED] Inmate Number: [REDACTED]

Allergies: NKDA

1. Admit to: Medical infirmary

2. Diagnosis:

1. SI i attempt to hang self
2. General II, Mental Health
3. Asthma.

3. Allergies:

1. NKDA
- 2.
- 3.

Diet (circle): NPO Liquid Diet Regular Other: _____

IV Fluids as follows: none

8. Vital signs: q 2 hrs q 4 hrs q 8 hrs

7. Neuro checks: q 2 hrs q 4 hrs q 8 hrs

8. Medications:

1. none
- 2.
- 3.
- 4.
- 5.

9. Parameters: n/a

Please call the physician/ provider if: Pulse is greater than 120 or less than or equal to 50; Systolic BP is greater than 190 or less than 100; Diastolic BP is greater than 105 or less than 50; Pulse O₂ is less than 92%.

10. Treatments: none

O2 at n/a Dressing changes: n/a

Nebulizer treatment: n/a Other: n/a

Provider Signature & Stamp: Brenda Schwerdtfeger

2004

CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
1/13/05	03:30	I/m pleasant, somewhat subdued, conversing w/ other I/m re sports. States became very depressed earlier today + "cut arm" has been concerned re safety of mother who had been traveling in areas affected by tsunamis but mother has not returned yet. Has legal issues pending on appeal that are worrying him/depressing him. "Also, my jaw is locking up in last wk" O. Good eye contact but melancholy. Numerous superficial cuts on forearm, blood spattered on Ferguson gown and body. Kestix needs to be changed A. Depressed mood - ? situational - concerned about liability + rapid move toward self-destructive behavior P. Advise mtg Chancian, Redress wounds, assess for s/s of infection. Cepacol prn for throat discomfort (H Jumper)
1/14/05	11:20	S) I'll never do that again, I feel stupid. O) I'm w/ good eye contact. Speech appropriate. Smiling. States "I don't know why I did it" when asked why he cut himself. (L arm dry, clst) I. 'Im states it was 4d this Am. O) c/o pain, o) distress. O) Stable at present Alt. thought process. P) cont to monitor. <i>Spitting emanation</i>
1/14/05	20:10	S: "I'm okay." O: Inmate lying quietly in bed. Resp. even and unlabored. Awake. Ax 1x3. Dressing to wound on (L) arm dry and intact. Good eye contact. No s/s of distress noted. A: Altered thought process. P: Continue w/ plan of care w/ Obale LPN
1/15/05	07:00	Refused lat work this am. <i>Colitis open</i>

CORRECTIONAL
MEDICAL

INMATE/OBSERVATION PROGRESS NOTES

NUMBER: [REDACTED]

DATE	TIME	NOTES
1/10/05		Saw pt. 1/7/05 11M clo sore throat (S) Cough O cold like sxs (F) fever (C) Afebrile vs. P.O. 98.0° Hx: HTN - N/V - throat - erythema Exudate Lungs O/A b/L Neuro: alert, oriented A/P: Sore throat Rx: Cepacol throat lozenges x 1d. "I have a life sentence" (S) S- Seen with Dr. Raman for brief interview. O- Rational- began interview and it was cut short because Mr. Lindsey's attorney came to see him. He did mention that he lacked hope for life because he has a life sentence. A- He has some depressive symptoms which will need a longer interview to sort out. P- Refer to Dr. Raman for review for an anti-depressant medication. See again for cognitive behavioral therapy. (Martha Boston, P.W.)
1/13/05	1630	S: Non-verbal O: Inmate is on a 4 point restrain ordered by Dr. Raman for agitation. Noted Superficial cuts on inmate's left arm. A: Altered thought process. P: Continue to monitor. — N. Obale, LPN.
	1900	Inmate is taken off restraints. Voices no complains. — N. Obale, LPN —

C | C++ | C# | VAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: _____ NUMBER: _____

DATE	TIME	NOTES
12/29/04	2130	S: Non-verbal. O: Inmate lying down in bed. Resp. even and non-labored. Held HS dose of risperidol as instructed by MD. No complains voiced out. A: Altered thought process. P: Continue c/o plan of care. — N. Obale, LPN.
12-30-04	MON	Inmate refused CCC evaluation. 3 CO card were facilitated. Refusal form completed and in chart. Pt understands mobility, functionality and effects of medication. <i>Mr. D. B. M. M. 12/30/04</i>
12/30/04	1200	1/M c/o sharp (Belief ^{midepigastric region} pain) states occurred during the night, subside & relieved. Denies any radiation of pain to shoulder, arm, back or jaw. Denies N/V; no diaphoresis, skin W+D, no SOB. Pain not affected by movement or inspiration. Admits to feeling "stressed out." Given 2 tabs, will monitor for improvement or further c/o pain. <i>A. Obale</i>
12/30/04	2200	Inmate lying in bed quietly. Resp. even and unlabored. Voiced no complaints. Denies being in any pain. Medicated c/o risperidol as ordered. Will continue to monitor — N. Obale, LPN.
01/01/05	1910	S: Non-verbal O: Inmate lying in bed. Resp. even and unlabored. No S/S of distress noted. Voiced no complaints. Denies being in pain. A: Altered thought process. P: Continue c/o plan of care N. Obale, LPN.

INTERDISCIPLINARY PROGRESS NOTES

DATE TIME BSC RATE

NOTES SHOULD BE SIGNED WITH NAME AND TITLE

2.3.0⁴

X-ray PA CXR Mtb

100

NAME—Last

Middle

Attending Physician

Record No.

Room/Bed

CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
12/19/04	2100	S: Inmate indicated he is fine, non verbal. O: No S/s of pain or distress noted. A: Pt appears stable. P: Continue C plan of care — recorded LPN
12/22/04	2045	S: Non verbal. O: Inmate noted lying in bed. Resp. even and nonlabored. denies being in any pain. NO S/s of distress noted. A: Altered thought process P: Continue C plan of care — N. Obale, LPN
12/24/04	1915	S: "Hi" O: Inmate lying down in bed, eyes open. Resp. even and unlabored. Medicated in risperdal as ordered. Voiced no complaints at this time. A: Altered thought process. P: Continue C plan of care — N. Obale, LPN.
12/28/04	0915	⑤ "I'm not having a good day" ⑥ I'm up at ward door smiling. I'm states the above but would not elaborate. ♂ SI 4 HT. ♂ voices offers no complaints at present. IUDL eye contact, good affect. ⑦ distress noted ⑧ Altered thought process ⑨ maintain lock HT — V3001

CORRECTIONAL

MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/13/07	0900	S) "I'm ok" o) I'm standing at door. Conversing & smile on face. Denies any medical needs A) Altered thought process. P) Continue level II observation. <i>Kimberly Annmarie</i>
12/14/07		S) "I won't give you any trouble today" o) I'm lying on floor. O) signs of distress noted. O) No pain & suicidal ideation A) Altered thought process P) Continue to monitor on Level II <i>Ellen Jenkins RN</i>
12/14/07	2100	S) "I am ok" O) Sleeping through the shift. A) Altered mental status P) Continue to plan of care <i>Not completed yet</i>
12/15/07	2100	Inmate indicated he is fine standing at the door most of the time during the shift. Dr. Damon was here and new order is given. No distress or pain noted. Will continue to monitor. <i>Not completed yet</i>
12/17/07	1230	Non-DOC 1230 talkative today. W.D. C/O seen by Dr. B. Harris. Behavior appropriate O alt. coping. Plan continue to evaluate prn + chart. <i>Not completed yet</i>
12/18/07	0900	Non-DOC 0900 smiling, talking about music to other inmate in unit. at door. O alt coping. Plan continue PRN, evaluate prn + chart. <i>Not completed yet</i>
12/19/07	0540	S) You ask for bandage states "Cut my elbow on the flap" o) You consumed 100% Babbet, You has 1/2 superficial wound on O elbow 1/2" in diameter at hair line. Cleaned & bacteriostatic pad T0A and If bandage on it, You % no other pain or problems. A) Continue to plan of care altered thought process O) Will continue to monitor <i>Not completed yet</i>

CORRECTIONAL

MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
12/07/04	1915	S: Non-Verbal O: Inmate lying on mattress on floor was compliant i/meds. No complain of pain. Resp: even and non-labored. No signs of distress noted. A: Altered thought process — Level II P: Cont. i/ plan of care. — N. Obale, LPN
12/07/04	2345	I/M remains in Level II observation. Verbal stated negative throughout shift. C/o asthma symptom. Altered judgment & level of P activity. Will continue i/ plan of care.
12/08/04	0300	S: Non verbal & off his o) I'm standing & does talking to no pain states "Everything is ok" a) Altered thought process P) Continue i/ plan of care - Ambulance call 104
12/08/04	0200	S: "Hey tender" O: I'm alert & oriented x3 no distress noted Speaking words white at door clearly. Quiets down A: Clean & straight P: Cont i/ plan of care
12/10/04		S: Non Verbal O: Inmate lying quietly in his room A: Altered thought process P: Cont i/ plan of care — Roommate LPR —
12/10/04	0300	S: Non-Verbal Level II observation O: I'm lying on mattress i/ eyes closed O signs of distress a) Altered thought process P) Continue i/ plan of care — Ambulance call

CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
12/03/04	0545	<p>S) I'm sitting on matress states "I'm ok, I don't need any med's</p> <p>O) I'm calmed sitting on bed quietly about 15 minutes. Good speech & eye contact, stated he was going to go to bed.</p> <p>A) Altered thought process level 1</p> <p>P) Continue to monitor & plan of care. <u>J. Mckenna, LPN</u></p>
12/5/04	1500	<p>S - "I'm freezing".</p> <p>O - A/E OX 3. Resp even & non-labored. + eye contact & bright affect noted. C/o suicidal ideation. C/o pain. S/S of acute distress.</p> <p>A - Altered thought process</p> <p>P - Cont in plan of care. <u>J. Mckenna, LPN</u></p>
12/5/04	2100	<p>S) "My throat hurt".</p> <p>O) Alert Oriented & Responsive</p> <p>A) XFT in comfort. Medicated with ibuprofen 400mg this PM.</p> <p>P) Will cont. to monitor & follow plan of care. <u>J. Mckenna, LPN</u></p>
12/6/04	2130	<p>S: "I'm okay".</p> <p>O: Inmate noted lying down on matress. Eyes open. Resp even and non-labored. Noticed no suicidal ideations at this time. No verbal c/o pain.</p> <p>A: Altered thought process</p> <p>P: Continue in plan of care - <u>N. Obale, LPN</u>.</p>

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/30/04	1315	Pt seen by nutritionist this AM. No wt. loss - pt weighed = 191 lbs. Dr Rogers notified. Per Nutritional assessment completed. Note in "Consults" section of chart. [REDACTED] Dr. Pascalis ms RD
11/30/04	DEC 1521	S: "Hey!"
		O: Inmate sitting up on mattress. Alert and oriented x 3. Resp. even and unlabored. Good eye contact. Inmate in a pleasant and cheerful mood. Compliant to meds.
		A: Altered thought process - Level II
		P: Continue UC plan of care - N. Observe.
12/3/04	0500	S: "Hey Tender!"
		O: Loudly talking most of the night. Alert + oriented x3. No signs of distress noted. Smiling, laughing, + cursing at times to another inmate.
		A: Altered thought process (Level II)
		P: Observation maintained
		P: Cont c plan of care - [REDACTED]
12/3/04	1430	S: "Everything OK"
		O: Able to appropriate speech. Had CXR completed, 0% verbalized.
		A: Alt. thought process (Level II)
		P: Cont c plan of care. [REDACTED]
12/5/04	0130	S: Singing loud & disruptive
		O: Alert singing at top of his voice, cursing @ officer
		A: altered thought process
		P: Continue plan of care - [REDACTED]



INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/27/04	0845	<p>S: "Hey nurse Debra"</p> <p>O: cleanmate up ATO x 3 at sink washing hands voices & suicidal/homicidal ideations at this time smiling and talkative & eye contact.</p> <p>A: Alt in thought process Level I</p> <p>P: cont. c plan of care — Moderate</p>
11/27/04	2100	<p>S: "Hi"</p> <p>O: Inmate lying down on mattress. Eyes open. Resp. even and unlabored. No s/s of distress noted. Voiced no complaints of pain.</p> <p>A: Altered thought process — Level II</p> <p>P: Continue c plan of care — N. Obale, LPN</p>
11/28/04	0930	<p>S: "nurse, how are you?"</p> <p>O: cleanmate sitting on mat at cell door, smiling ATO x 3. & suicidal/homicidal ideations voiced.</p> <p>A: alt. in thought process level II</p> <p>P: Continue c plan of care — Moderate</p>
11/28/04	20:40	<p>S: "How're you doing?"</p> <p>O: inmate lying on mattress next to cell door. Awake. A and O x 3. Resp. even and unlabored. No verbal suicidal ideations. No s/s of distress noted.</p> <p>A: Altered thought process.</p> <p>P: Continue c plan of care — N. Obale, LPN</p>
11/29/04	1715	<p>S: "Hey nurse Debra"</p> <p>O: cleanmate sitting up on mat smiling, talkative eye contact. & suicidal/homicidal ideations voiced</p> <p>A: Alt in thought process Level I</p> <p>P: cont. c plan of care — Moderate</p>

COURT REPORTER
MURKIN

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/23/04	21:00	S: "Hi" O: Inmate noted sitting up on mattress, leaning against the wall. Resp. even and unlabored. TAO and hydrocortisone cream applied to Q arm as ordered. Inmate pleasant and cooperative. A: Stable at this time. P: Continue to monitor, and c plan of care. — M. Obale, LPN
11/24/04	0645	S: Non-verbal. O: Standing in front of toilet looking eyes. A- Alt in copying skills P: Continue to monitor. bholwady
11/24/04	1310	Nez Dac 1310 lgs to door of room. No s. Resp easy & unlabored. A alt copying. Plan continue to observe. level II Chart from Dm
11/25/04	0900	(5) nonverbal O: inmate lying on floor — eyes closed respirations nonlabored & sp of distress noted. A: alt in copying level II P: cont. c plan of care — M. Obale, LPN
11/25/04	1945	S: Non-verbal O: Inmate lying down on mattress on FLOOR, eyes open. Resp even and unlabored. Compliant c meds. A: Altered thought process. P: Continue c plan of care. — M. Obale, LPN —

CORRECTIONAL
MEDICAL

INFIRmary/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
11/22/04	22:00	<p>S: Non-verbal</p> <p>O: Inmate lying down on mattress on floor. Eyes open. Resp even and unlabored. Nodded his head when asked if he was okay. Good eye contact - No verbal c/o pain at this time.</p> <p>A: Altered thought process</p> <p>P: Continue w/ c plan of care - NL Obale, LPN</p>
11/23/04	03:00	<p>S: Non-verbal</p> <p>O: IM lying on mattress - c eyes closed. P signs of distress</p> <p>A: Altered thought process</p> <p>P: Continue c plan of care. — Eleuthero LV</p>
11/23/04	06:15	<p>S: My stomach and my chest burn</p> <p>O: IM standing @ door. Poor eye contact. IM informed the nurse that IM was seen during his own urine. IM offered pepto or mylanta. IM refused legeval. TWS. TWS gave nurse protocol. Referred to mental health per mental health request form.</p> <p>A: Alterations in thought processes</p> <p>P: Continue to monitor — Eleuthero LV</p>
11/23/04		<p>P: seen + examined</p> <p>IM was scratching his <u>1</u> forearm b/c he felt like something was crawling b/c that was the only part of his body he was scratching</p> <p><u>1</u> forearm - exorations, c open lesions</p> <p>Edyc old</p> <p>AP: <u>1</u> forearm lesions 2° to scratching</p> <p>TAO TID, Hydrocortisone 1% arm BID</p>

Urgent Care

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/21/04	0730	<p>(S) Banging forehead on door.</p> <p>(D) No bleeding noted anywhere on person. No bruises noted.</p> <p>(A) Alert in thought process.</p> <p>(P) Notified APD on call, offered need for Haldol 10 mg, Cogextex 2 mg, Ativan 2 mg PO or IM. Medications taken PO 5 different times.</p>
11/21/04	0120	<p>(S) sleeping quietly by his window and door.</p> <p>Refused morning medications - said medication is not for him.</p> <p>(A) Seen quietly in room by the door.</p> <p>(P) Will continue to monitor him.</p>
11/21/04	0030	<p>(S) Sore throat "You set me up." "What did you write in my chart?" I woke up w/a h.a. but I don't have it now.</p> <p>(A) Alert, good eye contact, allowed me to touch forehead where had been banging head against door. No ecchymosis or abrasions. Initially a little hostile but calmed down when addressed nonconfrontationally in quiet tone.</p> <p>(P) alteration in thought processes - delusion, perception, suicidal ideation/frustration in past 24^h</p> <p>(P) Cepacol lozenges. Administer meds if I/M willing. Discuss CMI. Monitor for self destructive behavior + call for orders if necessary.</p> <p style="text-align: right;">Off some PR</p>

INTERDISCIPLINARY PROGRESS NOTES

DATE TIME DISP. BY

NOTES SHOULD BE SIGNED WITH NAME AND TITLE

11/19/04 0100 NSG → cont'd → Later noted I/m bent over in corner, asked if he was OK, stated he was hearing voices, "mumbling" did not recognize voices or words - thought he heard it in another part of room, can't sleep, & hasn't been sleeping well. "I don't want to cause anyone any trouble, this nurse explained he is no trouble & any problem he has, we wish to help him. I/m appeared agitated, voice more rapid, fidgeting → then stated "can't handle this, I don't want to live anymore." This nurse asked if he minded if I discuss the voices with his counselor & his new suicidal thoughts. 20" later, another I/m called to this nurse stating I/m not responding to him, please V on him → I/m sitting on floor, feces on the tank sm. piece & put in his mouth. MSG. to Dr. Kammerer will discuss @ M.H. mtg. Other nurses & security advised (H.S. 11/19/04)

11/19/04 2000 NSG: Inmate standing up in room, talking with inmate in next cell. States that he is doing OK. Resp. is even and unlabored. Good eye contact. Compliant to meds. Continue in level II plan of care. N. OBRIE, LPN

NAME-Last

First

Middle

Attending Physician

Record No.

Room# Bed#

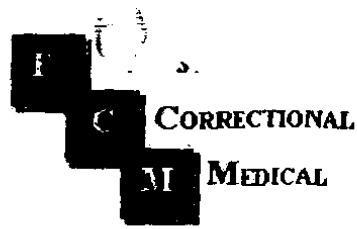
CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/13/04	1820	A: Altered thought process. P: Continue c plan of care. — N. Obale, LPN.
11/14/04	1745	- inmate complaint of sore throat. Nurse protocol written. Inmate was quiet & cycling off outbursts. Cepacol lozenges per written under nurse protocol. Placed on deficit to be seen for sore throat — <i>Procedure</i>
11/15/04		NSG states I/fm c/o sore throat. ① Cough, postnasal drip, occas sneezing. ② Fever 101 M sleeps on mattress Throat - OMM, throat - Bengtsson Exudate Neck - supple (BLAB) hump - (TA b/L) A/P: Sore throat Cepacol lozenges @ 60 PLEN.
11/15/04 2030		Inmate standing up, next to door. Resp. even and unlabored. Medicated c i lozenges at 1930. Refused all other meds. No s/s of distress noted. — N. OBALE, LPN
11/16/04	1430	Inmate lying down in cell, most of shift. Resp. even and unlabored. New risperdal orders noted. No c/o pain noted. — N. Obale, LPN
11/19/04	0830	Slept some of night. c/o "sore chest - "titties" aching all over, laughed, stated wanted throat lozenges. Offered Tylenol for aching & I/n accepted. Good eye contact, alert and appropriate in conversation, laughing at times in conversation

OB/14/04



INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: _____ NUMBER: _____

DATE	TIME	NOTES
11/11/04	0130	<p>S) "I need my inhaler"</p> <p>③ Smell Alberto as per P&N order no respiratory distress noted</p> <p>A) Alt in comfort PT above</p> <p>P) Cont'd level of monitor — M. James, LPN</p>
11/11/04	0830	<p>③ non verbal</p> <p>O: Climbed up looking out window. 6 s/s of distress noted. Climbed and fell down.</p> <p>A) Alt in thought process level II</p> <p>P) Continue c plan of care — D. McWeller, LPN</p>
11/11/04	1730	<p>S: Non verbal</p> <p>O: Inmate lying on mattress on FLOOR, eyes closed. Resp. even and unlabored. 6 s/s of distress noted.</p> <p>A: Altered thought process</p> <p>P: Continue c plan of care. — N. OBALE, LPN —</p> <p>11/12/04, Doc 1345 ups at Dose. States "I'm fine" no C/P. No abnormal thoughts expressed. P: alt thought process. Please continue Observation Chart & record. on Chart</p>
11/14/04	1730	<p>Doc 1345 Refused Chest X-ray PA flat for yearly TB check Chest X-ray</p>

CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
11/04/04	20:00	<p>S: "Non-verbal"</p> <p>O: Inmate lying down on mattress on FLOOR. Resp. even and unlabored. No pain at this time</p> <p>A: Alt. in thought process</p> <p>P: Continue to monitor and c plan of pt care.</p> <p>N. OBALE, LPN</p>
11/05/04	1930	<p>S: "Hi"</p> <p>O: Inmate standing up looking into hallway through glass in door. Resp. even and unlabored. No pain. Vit. A and S. ointment given for face.</p> <p>A: Altered thought process.</p> <p>P: Continue c plan of care and meds.</p> <p>N. OBALE, LPN</p>
11/05/04	9:15	<p>S: "I'm ok, so are you alright?"</p> <p>O: inmate A#043 up at cell door voice & speech不清楚 at this time. voice is complain.</p> <p>A: Alt in thought process.</p> <p>P: Continue c plan of care</p>
11/7/04	0400	<p>S: "Hey"</p> <p>O: Eye contact good affect bright 2/m appetite good No CB</p> <p>A: Alt in coping skills</p> <p>P: Can't feel it</p>
11/10/04	2255	<p>S: non verbal</p> <p>O: I'm resting quietly on mattress @ this time, no c/o voice this shift, no signs of distress noted,</p> <p>A: alteration in thought process</p> <p>P: Continue on level II observation</p> <p>Carol Rayburn</p>

CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
10/31/04	2330	S: Non verbal. Nodded confirming that he was okay D: I'm lying on mattress by the door A: Alteration in thought process P: Continue to run of care — <i>Northbound</i>
11/1/04	1045	S: "They say I'm crazy" D: Up to door 103 after discharge Skin warm able to touch. Resp easy and unlabored. Expresses no complaints. Answered all questions in an appropriate manner. A: Stable C present Alt in thought P: No plans — <i>Off</i>
11/2/04		D/w I'm results of PPD(+) and he needs to have CXR done. pt verbalized understanding & agreed to plan. — <i>Off</i>
11/3/04	0200 ^{sec}	S: "I need my inhaler" D: I'm having trouble breathing Unilateral & Sustained SPO2 98% no difficulty noted resp easy & unlabored Alt in comfort P: Level II care maintained. Cont to monitor — <i>Off</i>
11/3/04	1700	Non verbal C: I'm noted lying on mattress on floor c blue safety gown. Offers no complaints during the shift. A: Alteration in coping skills. P: Continue on level II perceptions. And plan of care <i>Off</i>

CORRECTIONAL

MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/29/04		Examined f/m b/c pt. c/o being sex. abused. pt. would not let me do do a rectal exam but would allow me to look @ the rectal area. Rectum - 2 tears/laceration noted, the whole seems intact however could not evaluate sphincter control Perianal area - sm. superficial ulcer pink tissue Od/c A/p: Alleged Sex. abuse dw pt. b/c incident took place about 1mos ago and he would not allow me to examine internally it made the assessment hard and definitive ans. hard to give. it is poss. that the ulcer seen could be a lesion healing from the sexual abuse however anus itself did not look damaged or penetrated and there was no other evidence of trauma.
10/29/04 1330		⑤ 'Hey Debbie' Chrmate A+0x3 voice & suicidal ideations at this time. & s/s of distress noted ④ Alt. in thought process level I ④ Continue c plan of care → <u>Psych eval</u>
10/30/04 0600		S: I will hurt myself if I have to go back to the SHU - I'm serious about that & MH thinks I'm playing about that. "Not going to be here that long - I want to go to Law School & do civil law." Pleasant, good eye contact, sense of humor, appears to listen & responds appropriately. States can't stop self from self harm such as banging head! A. alleg. S. abuse - threatens SI if ret'd to SHU. P. qd/MI discuss c pt/H whether? OCD &/or depression

(4th floor, Rm.)

CORRECTIONAL
MEDICAL

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/27/04	04.	Called by investigator that the IJM filed complaint that he was sex abused by C.O.s about a mos ago. He requested that IJM be examined. I explained to IJM that I had to examine him & reasons why. pt has agreed to be examined but tomorrow b/c psych-wise he is not prepared to have it done today. pt explains he is homophobic. Plus it brings him back to when he alleged he was sex abused. DLW Dr Ahe and I will approach IJM tomorrow to exam.
10/27/04	08-1500	1/1 M A & O X 3, voiced no complaints. He is slft. Lying quietly on cot, PM talking to self cell 8/11. (slmcyh)
10/27/04	20:00	Inmate lying down on floor mattress on Flr. Resp even and unlabored. No s/s of distress. Talking to 1/n in next cell.
10/28/04		N. OBALE, LPN
10/28/04		Went to see IJM to examine him however IJM very angry now and would like to be seen tomorrow.
10/28/04	1830	(S) Non-verbal ① IJM standing by door, looking out into hallway. Nods his head when greeted. Resp. even and unlabored. No s/s of distress. ② Alt. in thought process. ③ Continue c plan of care. — N. OBALE, LPN



INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/25/04	0010	I'm awake standing @ door - stating "Don't let any thing happen to me nurse poor eye contact but alert & responsive <i>Occas</i>
10/25/04 2300		I'm sitting quietly in cell, o signs of distress - <i>Body ss</i>
10/25/04 0530		At 0130, no (1) pt of deconflict) sitting quietly on matress in room <i>Abdys</i>
10/25/04 0900	(S) nonverbal	(1) inmate lying on floor c eyes closed. respirations unlabored & sls of distress noted. (A) Alt in thought process Level II (P) cont c plan of care <i>Moderately</i> Nursing states pt has been raped x1 mos ago when pt. c/o constipation No BM x 4d now to me. ABD-AT, flat
10/25/04		constipation → Fleet phospho soda & 2 tabs BiBacodyl 5mg tabs x 1 dose <i>78</i>
10/25/04 2100	(S) Non-Verbal	(1) inmate lying on floor c eyes closed. Resp- even and unlabored. & sls of distress noted. (A) Alt in thought process. (P) Continue c plan of care <i>N. OBALF, LPH</i>
10/26/04 2000	(S) Non-Verbal	(1) inmate sitting on matress ^{error} on floor, leaning against the wall. & sls of distress. (A) Alt in thought process Level II. (P) Continue c plan of care. <i>N. OBALF, LPH</i>
10/26/04		stopped by to see t/m, had Bm 5 prob. No other complaints. <i>DK</i>

INTERDISCIPLINARY PROGRESS NOTES

DATE TIME D.SU.P. INE

NOTES SHOULD BE SIGNED WITH NAME AND TITLE

(10/20/2025) NSG Dr. Ali called. 11m, banging head up against door x 10 mins. 11m will not respond to verbal stimuli, continuing to bang head on door. Orders written. VBrain

(10/21/2025) NSG 11m had stopped banging head for @ 2 mins. tried to talk to 11m and 11m won't respond. sits in back up against door. VBrain

(10/22/2025) NSG 11m started banging head up against door again. Spoke to 11m about this and 11m will not verbalize. 11m agreed to have injection by shaking head up and down. Break up here. If Baldwin spoke to 11m and 11m also agreed to injection. 11m quietly rolled over on stomach and injection given. VBrain

(10/23/2025) NSG 11m lying on mattress - asleep from I.M. Injection resp 20 - 11m has back to door - has a red area on back of head. redness noted - will continue to monitor. Acade/PH

NAME - Last

First

Middle

Attending Physician

Record No.

Room/Bed

FIRST		NURSING CARE PLAN					
CORRECTIONAL							
MEDICAL		Facility: DCC					
Name: [REDACTED]		DOB: [REDACTED]	ID#/SB: [REDACTED]				
Hygiene		Appetite		Speech		Hearing	
Good		Good	✓	Normal	✓	Normal	✓
Fair	✓	Fair		Impaired		Deaf	
Poor		Poor				Aid	
Attitude		Affect		Activity		Allergies	
Cooperative		Bizarre		Bedrest		NDDA	
Angry		Flat		Up	✓		
Cheerful		Labile		Cane		Special Needs	
Confused				Crutch		Level II	
Depressed				Prosthesis			
Hostile	✓			W/C			
Date	Nursing Diagnosis		Expected Outcome	Intervention	Date Resolved/Initials:		
10/10/04	Coping: ineffective		Verbalizes ability to cope	Ability to cope			
				① Identify coping behaviors			
				② Verbalizes feelings			
				③ Follow coping interventions			
CARE PLAN MUST BE UPDATED EVERY WEEK							
Date Initiated/Initials	Revision date:		Revision date:				
Admit Date: 10-10-04	Diagnosis		SI				
Discharge Date:	Diagnosis						
Signatures:	[REDACTED]						

CONTENTS

INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: _____ NUMBER: _____

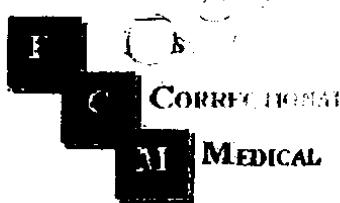


INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
10/20/04	0200	<p>S- Non-verbal</p> <p>O- Lying on mattress, on closed respiration & non-labored, no distress noted.</p> <p>A- Stable</p> <p>P- Maintain psych Level II. Follow POC. Shoulder daily</p>
0700		<p>S- "Will you change the dips on my arm."</p> <p>O- Dips to O forearm & dried blood noted.</p> <p>A- Alt in skin integrity</p> <p>P- Dips removed, area cleansed with & saline, TAO and bandage & applied. Shoulder</p>
10/23/04	1700	<p>S- "The CO's hurt my but."</p> <p>O- inmate complained of rectal tenderness stated that he was violated in the shower last month by correctional officers. This is the first time that this inmate has mentioned this to this nurse. inmate has no signs of distress. Voices & suicidal ideations at this time. Will have physician make aware of inmates statement</p> <p>A- Alt in thought process Level II</p> <p>P- Continue on Plan of care - Order</p>

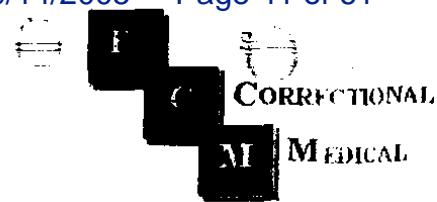


INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED]

NUMBER: [REDACTED]

DATE	TIME	NOTES
01/4/01	0820	<p>⑤ "Hi"</p> <p>⑥ inmate at door, smiling. At 0x3 voices & complaints no st's of distress noted. Voices no suicidal ideations at this time.</p> <p>⑥ altered coping skills Level II</p> <p>⑥ Continue to plan of care <u>Modulation</u></p>
01/4/01	1700	<p>⑤ Non Verbal. ⑥ I/M noted on Level II suicidal perceptions. Voiced no C/I during the shift. ⑥ Alteration in Coping Skills</p> <p>⑥ Will continue on Level II perceptions for this time. And continue to monitor <u>Plan of care</u></p>
01/5/01	0830	<p>⑤ nonverbal</p> <p>⑥ inmate lying on floor w/ eyes closed respirations am labored. No st's of distress noted.</p> <p>⑥ Alt in coping skills Level II</p> <p>⑥ Continue to plan of care <u>Modulation</u></p>
01/7/01	2300	<p>⑤ Non Verbal. ⑥ Level II perceptions maintained. Plan of care for this shift ⑥ Alteration in Coping Skills</p> <p>⑥ Will continue to Level II perceptions & plan of care. <u>Plan of care</u></p>
01/8/01	2000	<p>pt. lying quietly in bed denies any discomfort @ this time. Continues care plan</p>
01/9/01	11:00, 1525	<p>Superficial scars on left arm scratched by I/M. Cleaned w/ H2O & applied T/AO to treat. Gauge covered areas to remind I/M not to scratch self. <u>Plan of care</u></p>



INFIRMARY/OBSERVATION PROGRESS NOTES

NAME: [REDACTED] NUMBER: [REDACTED]

DATE	TIME	NOTES
10/10/04	0045	Cont - and continue) doc upd maintain . Level II. PHotewerda
10/10/04	0900	<p>S. "you" to are you alright.</p> <p>O climate lying on the A+0x3 & Ø complaints. Dan has several scratches to arm. climate calm and quiet. voices & suicidal ideations at this time.</p> <p>A Alterations in coping skills Level II</p> <p>P continue c plan of care — PHotewerda (on)</p>
10/11/04	0410	<p>S. "I'm doing alright"</p> <p>O I'M lying on floor. A+0x3. Good eye contact & clospm. voices & no suicidal ideations. Ø signs of distress noted</p> <p>A Alterations in coping skills.</p> <p>O will continue to monitor on level II — Eleni M. A. (on)</p>
10/11/04 (Wk 2) 0900		<p>A well in cell NO 90. lying down playing. Behavior appropriate. @ alt coping Plan Continue Observation chart Level II A prn this Document</p>
10/11/04		<p>pt. seent. No medical complaints.</p> <p>lungs CTA b/l</p> <p>Asthma → Sizable</p> <p>respirt MDI's</p>
10/11/04	0300	<p>S. "hi"</p> <p>O Talking w/ other Inmate no disturbed noted</p> <p>A+0x3</p> <p>A Alteration in coping skills Level II</p> <p>P. cont c plan of care — Jeffrey J. H. (on)</p>

NFIRMARY/OBSERVATION PROGRESS NOTES

NAME: _____ NUMBER: _____

DATE	TIME	NOTES
10/04	0010	<p>Received inmate from Shuci</p> <p>3 go's in attendabee. —</p> <p>S- "I need medical attention"</p> <p>O- Ambulatory, alert, agitated, PEAF. Resp even & non labored. No distress noted. Rigs to ② forearm, removed. Exam reveals numerous superficial scratch marks. Left open to air. Requested him to explain where scratch marks come from. Inmate stated "I cut myself on the sink. This nurse explores when last received a tetanus shot. Inmate verbally refuses "medical" care.</p> <p>A- Alt in coping skills.</p> <p>P- Maintains Level II in Ram Room monitor, contained PDC-shotvera.</p>
0045		<p>Inmate calls nurse to cell side.</p> <p>S- "Here Brenda, you can have this".</p> <p>O- Inmate pulls silver sharp metal object out of ② side of mouth & slides it under cell door to the nurse.</p> <p>A- Alt in coping skills.</p> <p>P- Security notified of above.</p>

Dear Brenda Holmes

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DOC/PINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
10-04-2004	2330	NSG	I/m had come over from Infirmary to isolation. I/m threatened to hang self and was wrapping sheet around neck pursuant to prepig from another I/m; when I/m to provoke transfer to Infirmary, I/m claimed he would "cut himself + "spill blood" to get back to the infirmary.
			O. I/m angry, good eye contact.
			A. I/m E mill by, manipulative conduct - stated agenda to go to Infirmary
			P. Advised Lt. Lispoli of I/m's coaching re claims of suicide ideation + coach's writeup by other nursing staff. DOC returned I/m to isolation.
10-05-2004	0015	NSG	Received call from COs that I/m had cut arm superficially claiming 1 st that he'd bitten himself 2 nd claim that he had cut self intentionally on sink. Deputy Warden Burns issued order that I/m must be transferred to Infirmary I/m to be placed in RAM room. Chart sent to Infirmary on no meds. <i>CH Limerick</i>
10-10-04	0030	NSG	Received return call from M&I director who will eval. on Mon. Reg. Level II watch, Dr. Burns advised on cars, report given to Inf. staff <i>CH Limerick</i>
10-10-04 0500		NSG	At Infirmary on other inmate matters - I/m requested my name to include in lawsuit he plans to file alleging negligent rx by this nurse + others <i>CH Limerick</i>

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed



Mental Health Services Observation Checklist

DATE: 12/6/04

Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II

On Medications? Yes _____ No _____ Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

YES	NO	Legal Materials:	ALLOWED	DENIED
	<input checked="" type="checkbox"/> Undergarments			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Suicidal Blanket			
	<input type="checkbox"/> Mattress			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Pillow			
<input checked="" type="checkbox"/>	<input type="checkbox"/> One Book			
	<input checked="" type="checkbox"/> Smoking Materials			

CODE EXPLANATION

1. Beating on door/wall
2. Yelling or screaming
3. Crying
4. Cursing
5. Laughing
6. Singing
7. Mumbling incoherently
8. Standing still
9. Walking
10. Lying or sitting
11. Quiet
12. Sleeping
13. Meals served/eaten
14. Fluids Served/taken
15. Bath/shower
16. Toilet
17. Smoking
18. Talking
19. _____

TIME VISUAL CHECKS MADE ON PATIENT				
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.	
1. Beating on door/wall	12:00 10, 18 JT	8:00 10/12	4:00 10 11 8E	
2. Yelling or screaming	12:15 10, 18	8:15 10/12	4:15 10 11 8E	
3. Crying	12:30 10, 18	8:30 10/12	4:30 10 11	
4. Cursing	12:45 10, 18	8:45 10/11	4:45 10 11	
5. Laughing	1:00 10, 18	9:00 10/11	5:00 10 11	
6. Singing	1:15 10, 18	9:15 10/11	5:15 10 11	
7. Mumbling incoherently	1:30 10, 18	9:30 10/11	5:30 10 11	
8. Standing still	1:45 10, 18	9:45 10/11	5:45 10 11	
9. Walking	2:00 10, 18	10:00 10/11, B, 14	6:00 10 11	
10. Lying or sitting	2:15 10, 18	10:15 10/11	6:15 10 11	
11. Quiet	2:30 10, 11	10:30 10/11	6:30 10 11	
12. Sleeping	2:45 10, 11	10:45 10/11	6:45 10 11	
13. Meals served/eaten	3:00 10, 11	11:00 10/11	7:00 10 11	
14. Fluids Served/taken	3:15 10, 11	11:15 10/11	7:15 10 11	
15. Bath/shower	3:30 10, 11	11:30 10/11	7:30 10 11	
16. Toilet	3:45 10, 11	11:45 10/11	7:45 10 11	
17. Smoking	4:00 10, 11	12:00 10/11	8:00 10 11	
18. Talking	4:15 10, 11	12:15 10/11	8:15 10 11	
19. _____	4:30 10, 11	12:30 10/11	8:30 10 11	
Staff Signatures	Initials			
Frank	4:45 10, 11	12:45 10/11	8:45 10 11	
D. Mohr fm	5:00 10, 11, 13, 14	1:00 10/11	9:00 10 11	
Swanson	5:15 10, 11	1:15 10/11	9:15 10 11	
	5:30 10, 11	1:30 10/11	9:30 10 11	
	5:45 10, 11	1:45 10/11	9:45 10 11	
	6:00 10, 11	2:00 10/11	10:00 10 11	
	6:15 10, 11	2:15 10/11	10:15 10 11	
Primary Therapist	6:30 10, 11	2:30 10/11	10:30 10 11	
	6:45 10, 11	2:45 10/11	10:45 10 11	
	7:00 10, 11	3:00 10/11	11:00 10 11	
Psychiatrist/Physician	7:15 10, 11	3:15 10/11	11:15 10 11	
	7:30 10, 11	3:30 10/11	11:30 10 11	
	7:45 10, 11 JT	3:45 10/11	11:45 10 11 8E	

Code and Signature are required on the above time lines per precaution level

Mental Health Services

Observation Checklist

FIRST
CORRECTIONAL
MEDICAL

DATE: 12/5/04

Offender's Name: [REDACTED] ID: [REDACTED] Cell Location: 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II

On Medications? _____ Yes _____ No _____ Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

YES	NO	Undergarments	ALLOWED	DENIED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mattress	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials	_____	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 18	8:00 10, 18	4:00 10 11 SE
2. Yelling or screaming	12:15 10, 18	8:15 10, 18	4:15 10 11 SE
3. Crying	12:30 10, 18	8:30 10, 18	4:30 10 11
4. Cursing	12:45 10, 18	8:45 10, 18	4:45 10 11
5. Laughing	1:00 10, 18	9:00 10, 18	5:00 10 11
6. Singing	1:15 10, 18	9:15 10, 11	5:15 10 11
7. Mumbling incoherently	1:30 10, 18	9:30 10, 11	5:30 10 11
8. Standing still	1:45 10, 18	9:45 10, 11	5:45 10 11
9. Walking	2:00 10, 11	10:00 13, 14	6:00 10 11
10. Lying or sitting	2:15 10, 11	10:15 13, 14	6:15 10 11
11. Quiet	2:30 10, 11	10:30 10, 18	6:30 10 11
12. Sleeping	2:45 10, 11	10:45 10, 18	6:45 10 11
13. Meals served/eaten	3:00 10, 11	11:00 10, 11	7:00 10 11
14. Fluids Served/taken	3:15 10, 11	11:15 10, 18	7:15 10 11
15. Bath/shower	3:30 10, 11	11:30 10, 18	7:30 10 11
16. Toilet	3:45 10, 11	11:45 10, 18	7:45 10 11
17. Smoking	4:00 10, 11	12:00 10, 11	8:00 10 11
18. Talking	4:15 10, 11	12:15 10, 11	8:15 10 11
19. STANDING @ door/window	4:30 10, 11	12:30 10, 11	8:30 10 11
Staff Signatures	Initials		
Tommy McLetche EM		4:45 10, 11	8:45 10 18
		5:00 10, 11, 13, 14	9:00 10 11
Waves SE		5:15 10, 11	9:15 10 18
		5:30 10, 11	9:30 10 11
		5:45 10, 11	9:45 10 11
		6:00 10, 11	10:00 10 11
		6:15 10, 11	10:15 10 11
Primary Therapist		6:30 10, 11	10:30 10 11
		6:45 10, 11	10:45 10 11
		7:00 10, 11	11:00 10 11
Psychiatrist/Physician		7:15 10, 11	11:15 10 11
		7:30 10, 11	11:30 10 11
		7:45 10, 11	11:45 10 11 SE

Code and Signature are required on the above time lines per precaution level

Mental Health Services

Observation Checklist

DATE: 12/4/04

FIRST
CORRECTIONAL
MEDICAL

Offender's Name: [REDACTED] ID #: [REDACTED] Cell Location: 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: IIOn Medications? Yes No Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

<u>YES</u>	<u>NO</u>	<u>ALLOWED</u>	<u>DENIED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undergarments	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mattress	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	10, 11, 12	10, 11	4:00 10 11 SE
2. Yelling or screaming	10, 11	8:15 10, 11	4:15 10 11 SE
3. Crying	10, 11	8:30 10, 11	4:30 10 11 SE
4. Cursing	10, 11	8:45 10, 11	4:45 10 11
5. Laughing	10, 11	9:00 10, 11	5:00 10 11
6. Singing	10, 11	9:15 10, 11	5:15 10 11
7. Mumbling incoherently	10, 11	9:30 10, 11	5:30 10 11
8. Standing still	10, 11	9:45 10, 11	5:45 10 18
9. Walking	10, 11	10:00 10, 11	6:00 8 18
10. Lying or sitting	10, 11	10:15 10, 11	6:15 10 11
11. Quiet	10, 11	10:30 10, 11	6:30 10 11
12. Sleeping	10, 11	10:45 10, 11	6:45 10 11
13. Meals served/eaten	10, 11	11:00 10, 11	7:00 10 11
14. Fluids Served/taken	10, 18	11:15 10, 11	7:15 10 11
15. Bath/shower	10, 18	11:30 10, 11	7:30 10 11
16. Toilet	10, 18	11:45 10, 11	7:45 10 11
17. Smoking	10, 18	12:00 10, 11	8:00 10 11
18. Talking	10, 18	12:15 10, 11	8:15 10 11
19. STANDING @ door/window	10, 11	12:30 10, 11	8:30 10 11
Staff Signatures: Initials	4:45 10, 11	12:45 10, 11	8:45 10 11
D. marsh Jr	10, 11, 13, 14	1:00 10, 11	9:00 10 11
J. Lubahn Jr	10, 11	1:15 10, 11	9:15 10 18
J. Swanson Jr	10, 11	1:30 10, 11	9:30 10 18
Primary Therapist	10, 11	1:45 10, 11	9:45 10 18
Psychiatrist/Physician	10, 11	2:00 10, 11	10:00 10 11
	10, 11	2:15 10, 11	10:15 10 11
	10, 11	2:30 10, 11	10:30 10 18
	10, 11	2:45 10, 11	10:45 10 11
	10, 11	3:00 10, 11	11:00 10 11
	10, 11	3:15 10, 11	11:15 10 11
	10, 11	3:30 10, 11	11:30 10 18
	10, 11	3:45 10, 11	11:45 10 11 SE

Code and Signature are required on the above time lines per precaution level



Mental Health Services

Observation Checklist

DATE 12/3/04Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: IIOn Medications? Yes No Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

YES	NO	Undergarments	Legal Materials:	ALLOWED	DENIED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	Rationale: _____	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mattress	_____	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow	_____	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book	_____	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials	_____	_____	_____

CODE EXPLANATION	TIME VISUAL CHECKS MADE ON PATIENT		
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	10, 18 EM	8:00 10, 12 D	4:00
2. Yelling or screaming	10, 18	8:15 10, 12 D	4:15
3. Crying	10, 18	8:30 10, 12 D	4:30
4. Cursing	10, 18	8:45 10, 12 D	4:45
5. Laughing	10, 18	9:00 10, 12 D	5:00
6. Singing	10, 18	9:15 10, 12 D	5:15
7. Mumbling incoherently	10, 18	9:30 10, 12 D	5:30
8. Standing still	10, 18	9:45 10, 11 D	5:45
9. Walking	10, 18	10:00 13, 14 D	6:00
10. Lying or sitting	10, 18	10:15 10, 11 D	6:15
11. Quiet	10, 18	10:30 10, 11 D	6:30
12. Sleeping	10, 18	10:45 10, 11 D	6:45
13. Meals served/eaten	10, 18	11:00 10, 11 D	7:00
14. Fluids Served/taken	10, 18	11:15 10, 11 D	7:15
15. Bath/shower	10, 18	11:30 10, 11 D	7:30
16. Toilet	10, 18	11:45 10, 11 D	7:45
17. Smoking	10, 18	12:00 10, 11 D	8:00
18. Talking	10, 18	12:15 10, 11 D	8:15
19. STANDING @ door/window	10, 18	12:30 10, 11 D	8:30
Staff Signatures	Initials		
D. Nash	JM	10, 11	12:45 10, 11 D
D. Nash	JM	10, 11	1:00 10, 11 D
D. Nash	JM	10, 11	1:15 10, 11 D
D. McFetchie	EM	10, 11	1:30 10, 11 D
			1:45 10, 11 D
			2:00 10, 11 D
			2:15 10, 11 D
Primary Therapist			2:30 10, 11 D
			2:45 10, 11 D
			3:00 10, 11 D
Psychiatrist/Physician			3:15 10, 11 D
			3:30 10, 11 D
			3:45 10, 11 D

Code and Signature are required on the above time lines per precaution level

F FIRST
C CORRECTIONAL
M MEDICAL

DAILY NURSING CARE RECORD		NAME: [REDACTED]												
		SBI#/ID#: [REDACTED]												DOB: [REDACTED]
Facility:	DCC	DATE:	11/28/04	11/29/04	11/30/04	12/01/04	12/02/04	12/03/04	12/04/04	12/05/04	12/06/04	12/07/04	12/08/04	
		SHIFT	N	D	E	N	D	E	N	D	E	N	D	
Activity	Specify-Assist=A Up=U Bedrest=BR	U	U	U	U	U	U	U	U	U	U	U	U	
Diet	Type <i>Reg</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Appetite 1/2, 1/4 etc.	100	100	100	100	100	100	100	100	100	100	100	100	
	A assist S-self	S	S	S	S	S	S	S	S	S	S	S	S	
Fluids	I&O													
	Restrict Y or N													
Elimination	Foley Care													
	BM													
Vital Signs	Neuro Checks Y or N													
	FSBS Y or N													
Safety	Restraints Y or N													
	Siderails Y or N													
	Turn Q 2 hrs Y or N													
	Weight													
	Wound Care Y or N													
	O2 Y or N													
	PT. Aids:													
	Prostheses Y or N													
	Dentures Y or N													
	Glasses Y or N													
	Hearing Aid Y or N													
	Other													
	Isolation Type													
ADMIT DATE:														
Initials:	JF	BE	TM	RE	EM	DX	BY							
Signatures	James Swane's signature Swane Co-Manager													

Mental Health Services Evaluation Checklist

CORRECTIONAL MEDICAL

12/2/04

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ **Ordered By:** _____

Duration of Order: _____ **Date Renewed:** _____

Pre-action Level: ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~ ~~101~~ ~~102~~ ~~103~~ ~~104~~ ~~105~~ ~~106~~ ~~107~~ ~~108~~ ~~109~~ ~~110~~ ~~111~~ ~~112~~ ~~113~~ ~~114~~ ~~115~~ ~~116~~ ~~117~~ ~~118~~ ~~119~~ ~~120~~ ~~121~~ ~~122~~ ~~123~~ ~~124~~ ~~125~~ ~~126~~ ~~127~~ ~~128~~ ~~129~~ ~~130~~ ~~131~~ ~~132~~ ~~133~~ ~~134~~ ~~135~~ ~~136~~ 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~~80480~~ ~~80481~~ ~~80482~~ ~~80483~~ ~~80484~~ ~~80485~~ ~~80486~~ ~~80487~~ ~~80488~~

On Medications? **Yes** **No** **Last Medication Given** **at**

Items Allowed (Check Appropriate Line)

TIME VISUAL CHECKS MADE ON PATIENT			
12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.	
12:00 10, 11 EM	8:00 10, 11	4:00 10	11 SE
12:15 10, 11	8:15 10, 11	4:15 10	11 SE
12:30 10, 11	8:30 10, 11	4:30 10	11
12:45 10, 11	8:45 10, 11	4:45 10	11
1:00 10, 11	9:00 10, 11	5:00 10	11
1:15 10, 11	9:15 10, 11	5:15 10	11
1:30 10, 11	9:30 10, 11	5:30 10	11
1:45 10, 11	9:45 10, 11	5:45 10	11
2:00 10, 11	10:00 13, 14	6:00 10	11
2:15 10, 11	10:15 10, 11	6:15 10	11
2:30 10, 11	10:30 10, 11	6:30 10	11
2:45 10, 11	10:45 10, 11	6:45 10	11
3:00 10, 11	11:00 10, 11	7:00 10	11
3:15 10, 11	11:15 10, 11	7:15 10	11
3:30 10, 11	11:30 10, 11	7:30 10	11
3:45 10, 11	11:45 10, 11	7:45 10	11
4:00 10, 11	12:00 10, 11	8:00 10	11
4:15 10, 11	12:15 10, 11	8:15 10	11
4:30 10, 11	12:30 10, 11	8:30 10	18
4:45 10, 11	12:45 10, 11	8:45 10	11
5:00 10, 11, 13, 14	1:00 10, 11	9:00 10	11
5:15 10, 11	1:15 10, 11	9:15 10	11
5:30 10, 11	1:30 10, 11	9:30 10	18
5:45 10, 11	1:45 10, 11	9:45 10	11
6:00 10, 11	2:00 10, 11	10:00 10	18
6:15 10, 11	2:15 10, 11	10:15 10	18
6:30 10, 11	2:30 10, 11	10:30 10	11
6:45 10, 11	2:45 10, 11	10:45 10	18
7:00 10, 11	3:00 10, 11	11:00 10	18
7:15 10, 11	3:15 10, 11	11:15 10	18
7:30 10, 11	3:30 10, 11	11:30 10	11
7:45 10, 11 EM	3:45 10, 11	11:45 10	18 SE

Code and Signature are required on the above time lines per precaution level



Mental Health Services Observation Checklist

DATE: 12/1/04Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II _____

On Medications? Yes _____ No _____ Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

<u>YES</u>	<u>NO</u>	Legal Materials:	<u>ALLOWED</u>	<u>DENIED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undergarments		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suicidal Blanket		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mattress		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials		

CODE EXPLANATION

1. Beating on door/wall
2. Yelling or screaming
3. Crying
4. Cursing
5. Laughing
6. Singing
7. Mumbling incoherently
8. Standing still
9. Walking
10. Lying or sitting
11. Quiet
12. Sleeping
13. Meals served/eaten
14. Fluids Served/taken
15. Bath/shower
16. Toilet
17. Smoking
18. Talking
19. STANDING @ door/window

TIME VISUAL CHECKS MADE ON PATIENT				
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.	
12:00	10, 18	8:00 10, 18	4:00	
12:15	10, 18	8:15 10, 18	4:15	
12:30	10, 18	8:30 10, 18	4:30	
12:45	10, 18	8:45 10, 18	4:45	
1:00	10, 18	9:00 10, 18	5:00	
1:15	10, 18	9:15 10, 18	5:15	
1:30	10, 18	9:30 10, 18	5:30	
1:45	10, 18	9:45 10, 18	5:45	
2:00	10, 18	10:00 10, 18	6:00	
2:15	10, 18	10:15 10, 18	6:15	
2:30	10, 18	10:30 10, 18	6:30	
2:45	10, 11	10:45 10, 11	6:45	
3:00	10, 11	11:00 10, 11	7:00	
3:15	10, 11	11:15 10, 11	7:15	
3:30	10, 11	11:30 10, 11	7:30	
3:45	10, 11	11:45 10, 11	7:45	
4:00	10, 11	12:00 10, 11	8:00	
4:15	10, 11	12:15 10, 11	8:15	
4:30	10, 11	12:30 10, 11	8:30	
4:45	10, 11	12:45 10, 11	8:45	
5:00	10, 11, 13, 14	1:00 10, 11	9:00	
5:15	10, 11	1:15 10, 11	9:15	
5:30	10, 11	1:30 10, 11	9:30	
5:45	10, 11	1:45 10, 11	9:45	
6:00	10, 11	2:00 10, 11	10:00	
6:15	10, 11	2:15 10, 11	10:15	
6:30	10, 11	2:30 10, 11	10:30	
6:45	10, 11	2:45 10, 11	10:45	
7:00	10, 11	3:00 10, 11	11:00	
7:15	10, 11	3:15 10, 11	11:15	
7:30	10, 11	3:30 10, 11	11:30	
7:45	10, 11 BM	3:45 10, 11	11:45	

Code and Signature are required on the above time lines per precaution level



Mental Health Services Observation Checklist

DATE 11/30/04Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: IIOn Medications? Yes No Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

<u>YES</u>	<u>NO</u>	Undergarments	Legal Materials:	<u>ALLOWED</u>	<u>DENIED</u>
<input checked="" type="checkbox"/>		Suicidal Blanket			
<input checked="" type="checkbox"/>		Mattress			
<input checked="" type="checkbox"/>		Pillow			
<input checked="" type="checkbox"/>		One Book			
<input checked="" type="checkbox"/>		Smoking Materials			

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 <u>10,11</u>	8:00 <u>10,11</u>	4:00
2. Yelling or screaming	12:15 <u>10,11</u>	8:15 <u>10,11</u>	4:15
3. Crying	12:30 <u>10,11</u>	8:30 <u>10,11</u>	4:30
4. Cursing	12:45 <u>10,11</u>	8:45 <u>10,11</u>	4:45
5. Laughing	1:00 <u>10,11</u>	9:00 <u>10,11</u>	5:00
6. Singing	1:15 <u>10,11</u>	9:15 <u>10,11</u>	5:15
7. Mumbling incoherently	1:30 <u>10,11</u>	9:30 <u>10,11</u>	5:30
8. Standing still	1:45 <u>10,11</u>	9:45 <u>10,11</u>	5:45
9. Walking	2:00 <u>10,11</u>	10:00 <u>10,11</u>	6:00
10. Lying or sitting	2:15 <u>10,11</u>	10:15 <u>10,11</u>	6:15
11. Quiet	2:30 <u>10,11</u>	10:30 <u>10,11</u>	6:30
12. Sleeping	2:45 <u>10,11</u>	10:45 <u>10,11</u>	6:45
13. Meals served/eaten	3:00 <u>10,11</u>	11:00 <u>10,11</u>	7:00
14. Fluids Served/taken	3:15 <u>10,11</u>	11:15 <u>10,11</u>	7:15
15. Bath/shower	3:30 <u>10,11</u>	11:30 <u>10,11</u>	7:30
16. Toilet	3:45 <u>10,11</u>	11:45 <u>10,11</u>	7:45
17. Smoking	4:00 <u>10,11</u>	12:00 <u>10,11</u>	8:00
18. Talking	4:15 <u>10,11</u>	12:15 <u>10,11</u>	8:15
19. STANDING @ door/window	4:30 <u>10,11</u>	12:30 <u>10,11</u>	8:30
Staff Signatures	Initials		
D. Marzlin, Jr.	DR	4:45 <u>10,11</u>	8:45
2. 10/11/13/04		5:00 <u>10,11</u>	9:00
3. 10/11/13/04		5:15 <u>10,11</u>	9:15
4. 10/11/13/04		5:30 <u>10,11</u>	9:30
Primary Therapist			
	6:30 <u>10,11</u>	2:30	10:30
	6:45 <u>10,11</u>	2:45	10:45
	7:00 <u>10,11</u>	3:00	11:00
Psychiatrist/Physician			
	7:15 <u>10,11</u>	3:15	11:15
	7:30 <u>10,11</u>	3:30	11:30
	7:45 <u>10,11</u>	3:45	11:45

Code and Signature are required on the above time lines per precaution level



Mental Health Services

Observation Checklist

DATE 11/29/04 Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II

On Medications? Yes _____ No _____ Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

YES	NO	Legal Materials:	ALLOWED	DENIED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undergarments	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mattress	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials	_____	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 <u>10, 11</u> <u>PM</u>	8:00 <u>10, 10</u> <u>PM</u>	4:00 <u>10</u> <u>11</u> <u>SE</u>
2. Yelling or screaming	12:15 <u>10, 11</u>	8:15 <u>10, 10</u>	4:15 <u>10</u> <u>11</u> <u>SE</u>
3. Crying	12:30 <u>10, 11</u>	8:30 <u>10, 11</u>	4:30 <u>10</u> <u>11</u> <u>SE</u>
4. Cursing	12:45 <u>10, 11</u>	8:45 <u>10, 11</u>	4:45 <u>10</u> <u>11</u> <u>SE</u>
5. Laughing	1:00 <u>10, 11</u>	9:00 <u>10, 11</u>	5:00 <u>10</u> <u>11</u>
Singing	1:15 <u>10, 11</u>	9:15 <u>10, 11</u>	5:15 <u>10</u> <u>11</u>
7. Mumbling incoherently	1:30 <u>10, 11</u>	9:30 <u>10, 11</u>	5:30 <u>10</u> <u>18</u>
8. Standing still	1:45 <u>10, 11</u>	9:45 <u>10, 11</u>	5:45 <u>10</u> <u>18</u>
9. Walking	2:00 <u>10, 11</u>	10:00 <u>10, 10</u>	6:00 <u>10</u> <u>11</u>
10. Lying or sitting	2:15 <u>10, 11</u>	10:15 <u>10, 10, 11, 12</u>	6:15 <u>10</u> <u>11</u>
11. Quiet	2:30 <u>10, 11</u>	10:30 <u>10, 11</u>	6:30 <u>10</u> <u>11</u>
12. Sleeping	2:45 <u>10, 11</u>	10:45 <u>10, 11</u>	6:45 <u>10</u> <u>11</u>
13. Meals served/eaten	3:00 <u>10, 11</u>	11:00 <u>10, 11</u>	7:00 <u>10</u> <u>11</u>
14. Fluids Served/taken	3:15 <u>10, 11</u>	11:15 <u>10, 11</u>	7:15 <u>10</u> <u>11</u>
15. Bath/shower	3:30 <u>10, 18</u>	11:30 <u>10, 11</u>	7:30 <u>10</u> <u>11</u>
16. Toilet	3:45 <u>10, 11</u>	11:45 <u>10, 11</u>	7:45 <u>10</u> <u>11</u>
17. Smoking	4:00 <u>10, 11</u>	12:00 <u>10, 11</u>	8:00 <u>10</u> <u>11</u>
18. Talking	4:15 <u>10, 11, 18</u>	12:15 <u>10, 11</u>	8:15 <u>10</u> <u>11</u>
19. STANDING @ door/window	4:30 <u>10, 11, 18</u>	12:30 <u>10, 11</u>	8:30 <u>10</u> <u>11</u>
Staff Signatures	Initials		
<i>Subash</i>	<i>JL</i>	4:45 <u>10, 11</u>	8:45 <u>10</u> <u>11</u>
<i>John</i>	<i>John</i>	5:00 <u>10, 11</u>	9:00 <u>10</u> <u>11</u>
<i>Shanahan</i>	<i>Shanahan</i>	5:15 <u>10, 11, 13, 14</u>	9:15 <u>10</u> <u>11</u>
<i>Brayton</i>	<i>Brayton</i>	5:30 <u>10, 11</u>	9:30 <u>10</u> <u>11</u>
<i>Lawrie</i>	<i>SE</i>	5:45 <u>10, 11</u>	9:45 <u>10</u> <u>11</u>
Primary Therapist		6:00 <u>10, 11</u>	10:00 <u>10</u> <u>11</u>
Psychiatrist/Physician		6:15 <u>10, 11</u>	10:15 <u>10</u> <u>11</u>
		6:30 <u>10, 11</u>	10:30 <u>10</u> <u>11</u>
		6:45 <u>10, 11</u>	10:45 <u>10</u> <u>11</u>
		7:00 <u>10, 11</u>	11:00 <u>10</u> <u>11</u>
		7:15 <u>10, 18</u>	11:15 <u>10</u> <u>11</u>
		7:30 <u>10, 18</u>	11:30 <u>10</u> <u>11</u>
		7:45 <u>10, 18</u> <u>PM</u>	11:45 <u>10</u> <u>11</u> <u>SE</u>

Code and Signature are required on the above time lines per precaution level

Mental Health Services

Observation Checklist



DATE 11/28/04

Offender's Name [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: Ordered By:

Duration of Order: Date Renewed:

Precaution Level: II

On Medications? Yes No Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

<u>YES</u>	<u>NO</u>	Legal Materials:	<u>ALLOWED</u>	<u>DENIED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undergarments	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	_____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mattress	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials	_____	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11, JZ	8:00 10, 11, PI	4:00 10, 11, SE
2. Yelling or screaming	12:15 10, 11, 9	8:15	4:15 10, 11, SE
3. Crying	12:30 10, 11	8:30 10, 11	4:30 10, 11, SE
4. Cursing	12:45 10, 11	8:45	4:45 10, 11
5. Laughing	1:00 10, 11	9:00 10, 11	5:00 10, 11
6. Singing	1:15 10, 11	9:15	5:15 10, 11
7. Mumbling incoherently	1:30 10, 11	9:30 10, 11	5:30 10, 11
8. Standing still	1:45 10, 11	9:45	5:45 10, 11
9. Walking	2:00 10, 11	10:00 13, 14	6:00 10, 11
10. Lying or sitting	2:15 10, 19	10:15	6:15 10, 11
11. Quiet	2:30 10, 19	10:30 10, 11	6:30 10, 11
12. Sleeping	2:45 10, 19	10:45	6:45 10, 11
13. Meals served/eaten	3:00 10, 19	11:00 10, 11	7:00 10, 11
14. Fluids Served/taken	3:15 10, 11	11:15	7:15 10, 11
15. Bath/shower	3:30 10, 12	11:30 10, 11	7:30 10, 11
16. Toilet	3:45 10, 12	11:45	7:45 10, 11
17. Smoking	4:00 10, 12	12:00 10, 11	8:00 10, 11
18. Talking	4:15 10, 11	12:15	8:15 10, 11
19. STANDING @ door/window	4:30 10, 18	12:30 10, 11	8:30 10, 11
Staff Signatures	Initials		
James	JZ	4:45 10, 18	8:45 10, 11
Waves	SE	5:00 10, 18/3/14	9:00 10, 11
		5:15 10, 18	9:15 10, 11
		5:30 10, 18	9:30 10, 11
		5:45 10, 18	9:45 10, 11
		6:00 10, 11	10:00 10, 11
		6:15 10, 18	10:15 10, 11
Primary Therapist		6:30 10, 18	10:30 10, 11
		6:45 18, 19	10:45 10, 11
		7:00 18, 19	11:00 10, 11
Psychiatrist/Physician		7:15 18, 19	11:15 10, 11
		7:30 18, 19	11:30 10, 11
		7:45 18, 19/57	11:45 10, 11, SE

Code and Signature are required on the above time lines per precaution level



Mental Health Services Observation Checklist

DATE: 11/27/04Offender's Name: [REDACTED] ID # [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II

On Medications? Yes _____ No _____ Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

<u>YES</u>	<u>NO</u>	Legal Materials: _____	<u>ALLOWED</u>	<u>DENIED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Undergarments	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mattress	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pillow	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	One Book	_____	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Smoking Materials	_____	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 <u>10, 11, J7</u>	8:00 <u>10, 11, D4</u>	4:00 <u>10, 11, 8E</u>
2. Yelling or screaming	12:15 <u>10, 11, S</u>	8:15	4:15 <u>10, 11, 8E</u>
3. Crying	12:30 <u>10, 11, J</u>	8:30 <u>10</u>	4:30 <u>10, 11, PE</u>
4. Cursing	12:45 <u>10, 11</u>	8:45	4:45 <u>10</u>
5. Laughing	1:00 <u>10, 11</u>	9:00 <u>10, 11</u>	5:00 <u>10, 11</u>
6. Singing	1:15 <u>10, 11</u>	9:15	5:15 <u>10, 11</u>
7. Mumbling incoherently	1:30 <u>10, 11</u>	9:30 <u>10, 11</u>	5:30 <u>10, 11</u>
8. Standing still	1:45 <u>10, 11</u>	9:45	5:45 <u>10, 11</u>
9. Walking	2:00 <u>10, 11</u>	10:00 <u>13, 14</u>	6:00 <u>10, 11</u>
10. Lying or sitting	2:15 <u>10, 11</u>	10:15	6:15 <u>10, 11</u>
11. Quiet	2:30 <u>10, 11</u>	10:30 <u>10, 11</u>	6:30 <u>10, 11</u>
12. Sleeping	2:45 <u>10, 11</u>	10:45	6:45 <u>10, 11</u>
13. Meals served/eaten	3:00 <u>10, 11</u>	11:00 <u>10, 11</u>	7:00 <u>10, 11</u>
14. Fluids Served/taken	3:15 <u>10, 11</u>	11:15	7:15 <u>10, 11</u>
15. Bath/shower	3:30 <u>10, 11</u>	11:30 <u>10, 11</u>	7:30 <u>10, 11</u>
16. Toilet	3:45 <u>10, 11</u>	11:45	7:45 <u>10, 11</u>
17. Smoking	4:00 <u>10, 11</u>	12:00 <u>10, 11</u>	8:00 <u>10, 11</u>
18. Talking	4:15 <u>10, 11</u>	12:15	8:15 <u>10, 11</u>
19. STANDING @ door/window	4:30 <u>10, 11</u>	12:30 <u>10, 11</u>	8:30 <u>10, 11</u>
Staff Signatures	Initials	12:45	8:45 <u>10, 11</u>
<u>D. Washington</u>	<u>DR</u>	1:00 <u>10, 11</u>	9:00 <u>10, 11</u>
<u>S. Subala</u>	<u>J7</u>	1:15	9:15 <u>10, 11</u>
<u>J. Deb Collier</u>	<u>DR</u>	1:30 <u>10, 11</u>	9:30 <u>10, 11</u>
<u>J. Williams</u>	<u>DR</u>	1:45	9:45 <u>10, 11</u>
Primary Therapist	6:30 <u>10, 14</u>	2:00 <u>10, 11</u>	10:00 <u>10, 11</u>
	6:45 <u>10, 11</u>	2:45	10:45 <u>10, 11</u>
	7:00 <u>10, 11</u>	3:00 <u>13, 14</u>	11:00 <u>10, 11</u>
Psychiatrist/Physician	7:15 <u>10, 11</u>	3:15	11:15 <u>10, 11</u>
	7:30 <u>10, 11</u>	3:30 <u>10, 11</u>	11:30 <u>10, 11</u>
	7:45 <u>10, 11, J7</u>	3:45	11:45 <u>10, 11, 8E</u>

Code and Signature are required on the above time lines per precaution level

FIRST
CORRECTIONAL
MEDICAL

DAILY NURSING CARE RECORD		NAME: [REDACTED]	DOB: [REDACTED]			
Facility:	Facility:	SBIN/ID#:				
	DATE:	11/23/04	11/24/04	11/25/04	11/26/04	11/27/04
	SHIFT:	N D E N D E N D E N D E N D E N D E				
Activity	Specify-Assist=A Up=U Bedrest=BR	U U	U U U	U U	U U U U	U
Diel	Type Reg. Appetite (1/2, 1/4 etc.) A-assist(S)self	✓ ✓	✓ ✓ ✓	✓ ✓	✓ ✓ ✓	✓
Fluids	I&O Restrict Y or N					
Elimination	Foley Care					
	BM					
Vital Signs	Neuro Checks Y or N FSBS Y or N					
Safety	Restraints Y or N Siderails Y or N Turn Q 2 hrs Y or N Weight Wound Care Y or N O2 Y or N Pl. Aids: Prosthesis Y or N Dentures Y or N Glasses Y or N Hearing Aid Y or N Other					
	Isolation Type					
ADMIT DATE:						
Initials:						
Signatures:	E. McLetchie, D. M. Ferguson, James Swanson					



Mental Health Services Observation Checklist

DATE: 11/26/04

Offender's Name: [REDACTED] ID: [REDACTED] Cell Location: [REDACTED] RIC

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ **Ordered By:** _____

Duration of Order:

Date Renewed:

Precaution Level:

On Medications? **Yes** **No** **Last Medication Given** _____ **at** _____

Items Allowed (Check Appropriate Line)

YES

NO

**Undergarments
Suicidal Blanket
Mattress
Pillow
One Book
Smoking Materials**

Legal Materials:

Rationale:

ALLOWED

DENIED

TIME VISUAL CHECKS MADE ON PATIENT		
12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
12:00 10, 11, 12	8:00 10, 12, 13	4:00 10, 11, 8E
12:15 10, 11	8:15	4:15 10, 11, 8E
12:30 10, 11, 12	8:30 10, 11, 12	4:30 10, 11, 8E
12:45 10, 11	8:45	4:45 10, 11, 8E
1:00 10, 11	9:00 10, 11, 12	5:00 10, 11, 8E
1:15 10, 11	9:15	5:15 10, 11, 8E
1:30 10, 11	9:30 10, 11, 12	5:30 10, 11, 8E
1:45 10, 11	9:45	5:45 10, 11, 8E
2:00 10, 11	10:00 10, 11, 12, 13, 14	6:00 10, 11, 8E
2:15 10, 11	10:15	6:15 10, 11, 8E
2:30 10, 11	10:30 10, 11, 12	6:30 10, 11, 8E
2:45 10, 11	10:45	6:45 10, 11, 8E
3:00 10, 11	11:00 10, 11, 12	7:00 10, 11, 8E
3:15 10, 11	11:15	7:15 10, 11, 8E
3:30 10, 11	11:30 10, 11, 12	7:30 10, 11, 8E
3:45 10, 11	11:45	7:45 10, 11, 8E
4:00 10, 11	12:00 10, 11, 12	8:00 10, 11, 8E
4:15 10, 11	12:15	8:15 10, 11, 8E
4:30 10, 11	12:30 10, 11, 12	8:30 10, 11, 8E
4:45 10, 11	12:45	8:45 10, 11, 8E
5:00 10, 11, 12, 13, 14	1:00 10, 11, 12	9:00 10, 11, 8E
5:15 10, 11	1:15 10, 11, 12	9:15 10, 11, 8E
5:30 10, 11	1:30 10, 11, 12	9:30 10, 11, 8E
5:45 10, 11	1:45 10, 11, 12	9:45 10, 11, 8E
6:00 10, 11	2:00 10, 11, 12	10:00 10, 11, 8E
6:15 10, 11	2:15 10, 11, 12	10:15 10, 11, 8E
6:30 10, 11	2:30 10, 11, 12	10:30 10, 11, 8E
6:45 10, 11	2:45 10, 11, 12	10:45 10, 11, 8E
7:00 10, 11	3:00 10, 11, 12	11:00 10, 11, 8E
7:15 10, 11, 12	3:15 10, 11, 12	11:15 10, 11, 8E
7:30 10, 11, 12	3:30 10, 11, 12	11:30 10, 11, 8E
7:45 10, 11, 12	3:45 10, 11, 12	11:45 10, 11, 8E

Code and Signature are required on the above time lines per precaution level



Master Health Services

Observation Checklist

Date 11/25/04

Offender's Name [REDACTED] ID [REDACTED] Cell Location 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II

Observations: Yes _____ No _____ Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

YES	NO	Undergarments	Legal Materials:	ALLOWED	DENIED
<input checked="" type="checkbox"/>		Suicidal Blanket	Rationale: _____	_____	_____
<input checked="" type="checkbox"/>		Mattress		_____	_____
<input checked="" type="checkbox"/>		Pillow		_____	_____
<input checked="" type="checkbox"/>		One Book		_____	_____
<input checked="" type="checkbox"/>		Smoking Materials		_____	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Breathing on door/wall	12:00 <u>10,11</u>	8:00 <u>19,12</u>	4:00
2. Yelling or screaming	12:15 <u>10,11</u>	8:15 <u>10,12</u>	4:15
3. Crying	12:30 <u>10,11</u>	8:30 <u>10,12</u>	4:30
4. Cursing	12:45 <u>10,11</u>	8:45 <u>10,12,15,13</u>	4:45
5. Laughing	1:00 <u>10,11</u>	9:00 <u>10,11</u>	5:00
6. Singing	1:15 <u>10,11</u>	9:15 <u>19</u>	5:15
7. Mumbling incoherently	1:30 <u>10,11</u>	9:30 <u>19</u>	5:30
8. Standing still	1:45 <u>10,11</u>	9:45 <u>19</u>	5:45
9. Walking	2:00 <u>10,11</u>	10:00 <u>19,13,14</u>	6:00
10. Lying or sitting	2:15 <u>10,11</u>	10:15 <u>19</u>	6:15
11. Quiet	2:30 <u>10,11</u>	10:30 <u>19</u>	6:30
12. Sleeping	2:45 <u>10,11</u>	10:45 <u>19</u>	6:45
13. Meals served/eaten	3:00 <u>10,11</u>	11:00 <u>19</u>	7:00
14. Fluids Served/taken	3:15 <u>10,11</u>	11:15 <u>19</u>	7:15
15. Bath/shower	3:30 <u>10,11</u>	11:30 <u>19</u>	7:30
16. Toilet	3:45 <u>10,11</u>	11:45 <u>19</u>	7:45
17. Smoking	4:00 <u>10,11</u>	12:00 <u>19</u>	8:00
18. Talking	4:15 <u>10,11</u>	12:15 <u>19</u>	8:15
19. STANDING @ door/window	4:30 <u>10,11</u>	12:30 <u>10,11</u>	8:30
Staff Signatures	Initials		
<i>From 10:00 AM to 1:00 PM</i>	<i>10/11/04</i>	<i>10/11/04</i>	<i>10/11/04</i>
<i>10/11/04</i>	<i>10/11/04</i>	<i>10/11/04</i>	<i>10/11/04</i>
Primary Therapist			
Psychiatrist/Physician			

Code and Signature are required on the above time lines per precaution level

Mental Health Services

Observation Checklist

1 **FIR**
C **CORRECTIONAL**
M **MEDICAL**

DATE: 11/23/04Offender's Name: [REDACTED]ID: [REDACTED]Cell Location: 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion:

Ordered By:

Duration of Order:

Date Renewed:

Precaution Level: HOn Medications? Yes No Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

YESNO

- Undergarments
- Suicidal Blanket
- Mattress
- Pillow
- One Book
- Smoking Materials

Legal Materials:

Rationale:

ALLOWEDDENIED

CODE EXPLANATION

1. Beating on door/wall
2. Yelling or screaming
3. Crying
4. Cursing
5. Laughing
6. Singing
7. Mumbling incoherently
8. Standing still
9. Walking
10. Lying or sitting
11. Quiet
12. Sleeping
13. Meals served/eaten
14. Fluids Served/taken
15. Bath/shower
16. Toilet
17. Smoking
18. Talking
19. STANDING @ door/window

Staff Signatures

Initials

DR. [REDACTED] [REDACTED]
Tom [REDACTED] [REDACTED] [REDACTED]

Primary Therapist

Psychiatrist/Physician

TIME VISUAL CHECKS MADE ON PATIENT			
	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
12:00	10, 11 EM	8:00 10, 12	4:00
12:15	10, 11	8:15 10, 12	4:15
12:30	10, 11	8:30 10, 12	4:30
12:45	10, 11	8:45 10	4:45
1:00	10, 11	9:00 10	5:00
1:15	10, 11	9:15 10	5:15
1:30	10, 11	9:30 10	5:30
1:45	10, 11	9:45 10	5:45
2:00	10, 11	10:00 10	6:00
2:15	10, 11	10:15 10	6:15
2:30	10, 11	10:30 10	6:30
2:45	10, 11	10:45 10	6:45
3:00	10, 11	11:00 10	7:00
3:15	10, 11	11:15 10	7:15
3:30	10, 11	11:30 10, 11	7:30
3:45	10, 11	11:45 10, 11	7:45
4:00	10, 11	12:00 10, 11	8:00
4:15	10, 11	12:15 10, 11	8:15
4:30	10, 11	12:30 10, 11	8:30
4:45	10, 11	12:45 10, 11	8:45
5:00	10, 11	1:00 10, 11	9:00
5:15	10, 11	1:15 10, 11	9:15
5:30	10, 11, 13, 14	1:30 10, 11	9:30
5:45	10, 11	1:45 10, 11	9:45
6:00	10, 11	2:00 10, 11	10:00
6:15	10, 11	2:15 10, 11	10:15
6:30	10, 11	2:30 10, 11	10:30
6:45	10, 11	2:45 10, 11	10:45
7:00	10, 11	3:00 10, 11	11:00
7:15	10, 11	3:15 10, 11	11:15
7:30	10, 11 V	3:30 10, 11	11:30
7:45	10, 11 EM	3:45 10, 11	11:45

Code and Signature are required on the above time lines per precaution level

C CORRECTIONAL
M MEDICAL

DAILY NURSING CARE RECORD		NAME: [REDACTED]	DOB: [REDACTED]							
Facility	DATE	11/17/04	11/18/04	11/19/04	11/20/04	11/21/04				
	SHIFT	N	D	N	D	N	D	N	D	E
Activity	Specify Assist=A Up-U Bedrest=BR	U	u	U	U	U	u	U	U	u
Diet	Type <i>Key</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Appetite (1/2, 1/4 etc.)	100	100	100	100	100	100	100	100	100
	A-assist S-self	S	S	S	S	S	S	S	S	S
Fluids	IV									
	Restrict Y or N									
Elimination	Foley Care									
	BM									
Vital Signs	Neuro Checks Y or N									
	FSBS Y or N									
Safety	Restraints Y or N									
	Siderails Y or N									
	Turn Q 2 hrs Y or N									
	Weight									
	Wound Care Y or N									
	O2 Y or N									
	Pt. Aids:									
	Prosthesis Y or N									
	Denures Y or N									
	Glasses Y or N									
	Hearing Aid Y or N									
	Other									
	Isolation Type									
ADMIT DATE:										
Initials:	<i>JLW BEB DJS BEJ PDR EJT BE</i>									
Signatures	<i>Opmer, D. March 2004</i> <i>Swanson, C. McGettichen</i>									



Mental Health Services Observation Checklist

DATE: 11/22/04

Offender's Name: [REDACTED] ID # [REDACTED] Cell Location: 190

Reason for Observation/Seclusion:

Time and Date Placed on Observation/Seclusion: _____ Ordered By: _____

Duration of Order: _____ Date Renewed: _____

Precaution Level: II

On Medications? Yes No Last Medication Given _____ at _____

Items Allowed (Check Appropriate Line)

<u>YES</u>	<u>NO</u>	Undergarments	Legal Materials:	<u>ALLOWED</u>	<u>DENIED</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal Blanket	Rationale: _____	_____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mattress	_____	_____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pillow	_____	_____	_____
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	One Book	_____	_____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Smoking Materials	_____	_____	_____

TIME VISUAL CHECKS MADE ON PATIENT

CODE EXPLANATION	12 a.m. - 8 a.m.	8 a.m. - 4 p.m.	4 p.m. - 12 p.m.
1. Beating on door/wall	12:00 10, 11 EM	8:00 10	4:00 10 11 SE
2. Yelling or screaming	12:15 10, 11	8:15 10	4:15 10 11 SE
3. Crying	12:30 10, 11	8:30 10	4:30 10 11 SE
4. Cursing	12:45 10, 11	8:45 10	4:45 10 11 SE
5. Laughing	1:00 10, 11	9:00 10	5:00 10 11
6. Singing	1:15 10, 11	9:15 10	5:15 10 11
7. Mumbling incoherently	1:30 10, 11	9:30 10	5:30 10 11
8. Standing still	1:45 10, 11	9:45 13/4	5:45 10 11
9. Walking	2:00 10, 11	10:00 11	6:00 10 11
10. Lying or sitting	2:15 10, 11	10:15 11	6:15 10 11
11. Quiet	2:30 10, 11	10:30 11	6:30 10 11
12. Sleeping	2:45 10, 11	10:45 11	6:45 10 11
13. Meals served/eaten	3:00 10, 11	11:00 12/11	7:00 10 11
14. Fluids Served/taken	3:15 10, 11	11:15 10/11	7:15 10 11
15. Bath/shower	3:30 10, 11	11:30 10/11	7:30 10 11
16. Toilet	3:45 10, 11	11:45 10/11	7:45 10 11
17. Smoking	4:00 10, 11	12:00 10/11	8:00 10 11
18. Talking	4:15 10, 11	12:15 10/11	8:15 10 11
19. STANDING @ door/window	4:30 10, 11	12:30 10/11	8:30 10 11
Staff Signatures	Initials		
James Zulay JC	4:45 10, 11	12:45 10/11	8:45 10 11
Anna Lynn Lee Seelie EM	5:00 10, 11	1:00 10/11	9:00 10 11
D. McRae DM	5:15 10, 11	1:15 10/11	9:15 10 11
	5:30 10, 11, 13, 14	1:30 10/11	9:30 10 11
	5:45 10, 11	1:45 10/11	9:45 10 11
	6:00 10, 11	2:00 10/11	10:00 10 11
	6:15 10, 11	2:15 10/11	10:15 10 11
Primary Therapist	6:30 10, 11	2:30 10/11	10:30 10 11
	6:45 10, 11	2:45 13/4	10:45 10 11
	7:00 10, 11	3:00 10/11	11:00 10 11
Psychiatrist/Physician	7:15 10, 11	3:15 10/11	11:15 10 11
	7:30 10, 11	3:30 10/11	11:30 10 11
	7:45 10, 11 EM	3:45 10/11	11:45 10 11 SE

Code and Signature are required on the above time lines per precaution level